

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Thadeus
Middle Name::
Family Name:: Schauer
Name Suffix::
City of Residence:: Neuhengstett
State or Prov. of Residence::
Country of Residence:: DE
Street of mailing address:: Waldenser Str. 56

City of mailing address:: Neuhengstett

State or Province of mailing address::

Country of mailing address:: DE

Postal or Zip Code of mailing address:: D-75382

Inventor Authority Type:: Inventor

Primary Citizenship Country:: DE

Status:: Full Capacity

Given Name:: Marc

Middle Name::

Family Name:: Entenmann

Name Suffix::

City of Residence:: Fellbach

State or Prov. of Residence::

Country of Residence:: DE

Street of mailing address:: Hintere Str. 57

City of mailing address:: Fellbach

State or Province of mailing address::

Country of mailing address:: DE

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Given Name:: Thadeus
Middle Name::
Family Name:: Schauer
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Inventor Authority Type:: Inventor
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Status:: Full Capacity
Given Name:: Marc
Middle Name::
Family Name:: Entenmann
Name Suffix::
City of Residence:: Fellbach
State or Prov. of Residence::
Country of Residence:: DE
Street of mailing address:: Hintere Str. 57

City of mailing address:: Fellbach
State or Province of mailing address::
Country of mailing address:: DE

Postal or Zip Code of mailing address:: D-70734
Inventor Authority Type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Claus
Middle Name:: D.
Family Name:: Eisenbach
Name Suffix::
City of Residence:: Sindelfingen
State or Prov. of Residence::
Country of Residence:: DE
Street of mailing address:: Verdistr. 12

City of mailing address:: Sindelfingen
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: D-71063
Inventor Authority Type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Waldemar
Middle Name:: Ph.
Family Name:: Oechsner
Name Suffix::
City of Residence:: Ludwigsburg
State or Prov. of Residence::
Country of Residence:: DE
Street of mailing address:: Moltkestr. 5

City of mailing address:: Ludwigsburg
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: D-71634

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23460
Phone:: (312) 616-5600
Fax:: (312) 616-5700
E-mail Address:: mail@leydig.com

REPRESENTATIVE INFORMATION

Representative Customer Number:: 23460

Representative Designation:: Registration Number:: Representative Name::

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation of	PCT/EP02/08847	08/07/02

FOREIGN APPLICATION INFORMATION

Country::	Application Number::	Filing Date::	Priority Claimed
DE	101 40 247.3	August 9, 2001	Yes

ASSIGNEE INFORMATION

Assignee name:: Forschungsinstitut fur Pigmente und Lacke e.V.

Street of mailing address:: Allmandring 37

City of mailing address:: Stuttgart

State or Province of
mailing address::

Country of mailing
address:: DE

Postal or Zip Code of
mailing address:: D-70569